



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E269408**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY PD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **13-02287**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **09** - **11** - **2013** **2029** **31** ☐ ☐ N ☐ E ☐ IN ☒ OF **0664**
S ☐ W ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
STATE ROUTE **92** BLOCK NO. ☒ **10700**
MILE POST ☐

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES ☐ N ☐ E ☐
FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 3806912290**

LAST NAME **BALDWIN** FIRST NAME **JOAN** MIDDLE INITIAL **M**

STREET NEW ADDRESS **18721 74TH ST NE**

CITY **GRANITE FALLS** ST **WA** ZIP **982520000**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **BALDWJM381RW** STATE **WA** SEX **F** D.O.B. **12** - **16** - **1962**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **458XWL** STATE **WA** VIN# **2FMZA57654BB17195**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2004** MAKE **FORD** MODEL **FREEST** STYLE **VN** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **ALL STATE 9 64 607691 09/03**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4257609955**

LAST NAME **HENDERSON** FIRST NAME **GLEN** MIDDLE INITIAL **D**

STREET NEW ADDRESS **5125 69TH AVE NE**

CITY **MARYSVILLE** ST **WA** ZIP **982700000**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **HENDEGD280QF** STATE **WA** SEX **M** D.O.B. **11** - **06** - **1972**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AJP6354** STATE **WA** VIN# **JN8AZ08W55W430358**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2005** MAKE **NISS** MODEL **MURANO** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **SAFECO X5502256**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **ANDREW THOR** BADGE OR ID # **115** AGENCY **WA0311900**



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1591972

CORRECTION

REPORT NO. **E269408**

CASE # **13-02287**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HENDERSON GLORIA J																
ADDRESS & PHONE #		5125 69TH AVE NE MARYSVILLE WA 982708826																
SEX		F		D.O.B. MMDDYYYY		11		-		19		-		1976				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Vehicle 2 was stopped for traffic just before entering a controlled construction zone. Vehicle 1 driver was distracted by events outside of the vehicle and did not stop in time to avoid a collision with Vehicle 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR		09-11-13 10:38 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACED SIGNED
APPROVED BY		DATE	
ROBERT MINER 095		9/12/2013 8:00:29 PM	
BADGE OR ID #	115	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
8:29 PM		8:38 PM	

REPORT NO. E269408

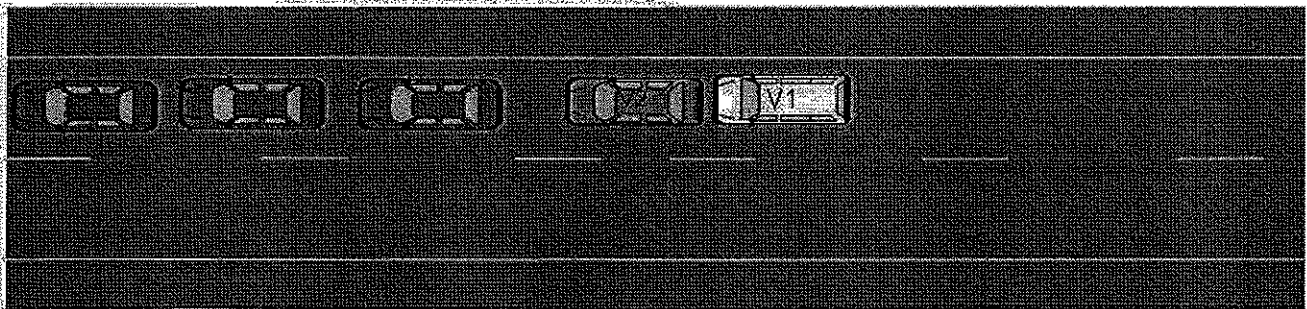
CASE # 13-02287

DATE AND TIME
OF COLLISION 09/11/13 20:29



10700 STATE ROUTE 92

NOT TO SCALE



Incident History for: #SS13020385

Case Numbers: \$SS13002287

Entered 09/11/13 20:28:50 BY SPCT05 SP0375

Dispatched 09/11/13 20:29:42 BY SPDP17 SP0203

Enroute 09/11/13 20:29:42

Oncene 09/11/13 20:36:11

Closed 09/11/13 20:58:18

Initial Type: DUI Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1719 Map Page: 377F-4 Group: SS1 Beat: NORT

Src: T

Loc: 9900 SR 92 ,LKS -- ROUNDABOUT ,LKS btwn 99 AV NE & CALLOW RD (V)

Loc Info: @ MP 6

Name: STATE

Addr:

Phone:

/2028 (SP0375) ENTRY , INFO FROM STATE, TROOPER OS, SAID 1 DRIVER MIGH
T BE DUI, STATE SAID @ MP 6 BY ROUNDABOUT, NFI
/2029 (SP0203) AGCADV ,1913
/2029 DISPER SS1913 #SS95 MINER, SGT (ROBERT)
/2030 PREMPT SS1913 ,NEXT AVAIL
/2030 VIEWED
/2031 DISPER SS1939 #SS115 THOR, OFFICER (ANDREW)
/2032 ASSTER SS1932 [9900 SR 92 ,LKS]
#SS93 WELLINGTON, OFCR (JAMES)
/2034 CHANGE TYP: DUI
---> ACC .
/2034 CLEAR SS1932
/2035 MISC , CALLED WSP FOR CLARIFICATION, IT IS AN ACCIDENT
, THEIR ORIGINAL RP/VICT SAID THE OTHER PARTY SE
EMED DUI THOUGH THE TROOPER ONSCENE DOES NOT SEE
M TO THINK SO
/2036 ONSCNE SS1939
/2041 ASNCAS SS1939 \$SS13002287
/2042 MISC SS1939 ,FURTHER CLARIFICATION - WSP WAS ALREADY OUT WIT
H THEIR OWN DUI ACCIDENT. WHEN THEY WERE ONSCENE
ANOTHER HAPPENED. TAKING THE 2ND ACCIDENT
/2058 CLEAR SS1939 D/H
/2058 CLOSE SS1939

SECTOR COLLISION